

01/09/03
Cost & Use
2000

MEDICARE CURRENT BENEFICIARY SURVEY
 Facility Events

RIC: **FAE**
 Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Facility Events file contains data about all facility events of the MCBS population, whether community or facility interviews. There is one record for each stay that occurred, at least partly, during the calendar year. The cost and use data contained in the file is limited to the current calendar year.

RIC	1	2					C FACILITY EVENT RECORD
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
STAYNUM	14	1					N STAY NUMBER FOR THE YEAR
REFBEGYY	15	2					C REF DATE BEGIN YEAR
REFBEGMM	17	2					C REF DATE BEGIN MONTH
REFBEGDD	19	2					C REF DATE BEGIN DAY
REFENDYY	21	2					C REF DATE END YEAR
REFENDMM	23	2					C REF DATE END MONTH
REFENDDD	25	2					C REF DATE END DAY
ADMISYY	27	2					C ADMISSION DATE YEAR
ADMISMM	29	2					C ADMISSION DATE MONTH
ADMISDD	31	2					C ADMISSION DATE DAY
DISCHYY	33	2					C PERMANENT DISCH DATE YEAR
DISCHMM	35	2					C PERMANENT DISCH DATE MONTH
DISCHDD	37	2					C PERMANENT DISCH DATE DAY
STAYDAYS	39	3					N NUMBER OF DAYS IN STAY
FACILID	42	6					C FACILITY ID + PSU NUMBER

NOTES: Randomly-assigned number
 First available in 1997

FACDESC	48	2	FACFMT				N FACILITY DESCRIPTION
				22			1 HOSPITAL
				889			2 NURSING HOME
				11			3 RETIREMENT HOME
				118			4 DOMI/PER CARE FAC
				12			5 MENTAL HLTH FACILITY
				48			6 INST FOR MR/DEV DISA
				0			7 MENTAL HLTH CNTR
				89			8 LIFE CARE/CONT CARE
				130			9 ASSISTED LIVING FAC
				3			10 REHAB FACILITY
				8			91 OTHER PLACE (SPEC)

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BEGSTAT	50	1	\$BEGSTAT				C STATUS AT BEGINNING OF STAY
				1			- DON'T KNOW
				994			0 CONTINUING SP
				136			1 FIRST TIME SP FROM HOME
				112			2 FIRST TIME SP FROM HOSP
				38			3 FIRST TIME SP FROM NH
				5			5 2ND STAY 30-DAY SPLIT (IN HOSP)
				4			6 2ND STAY 30-DAY SPLIT (DISCH)
				37			7 FIRST TIME SP FROM OTH FAC
				3			9 UNKNOWN REASON
ENDSTAT	51	1	\$ENDSTAT				C STATUS AT END OF STAY
				3			- DON'T KNOW
				902			0 SP STILL A RESIDENT
				25			1 SP WAS DISCHARGED HOME
				71			2 SP WAS DISCHARGED TO HOSP
				28			3 SP WAS DISCHARGED TO OTH FAC
				267			4 SP DIED IN FAC
				3			5 STAY SPLIT BY 30-DAY HOSP
				3			6 STAY SPLIT BY 30-DAY DISCH
				24			7 SP WAS DISCHARGED TO OTH FAC
				4			9 UNKNOWN REASON FOR END OF STAY
AMTTOT	52	9					N TOTAL PAYMENT
AMTCARE	61	9					N AMOUNT PAID BY MEDICARE
AMTCAID	70	9					N AMOUNT PAID BY MEDICAID
AMTV	79	9					N AMOUNT PAID BY VETERANS ADM
AMTPRVU	88	9					N AMOUNT PAID BY PRIV INS (UNKNOWN)
AMTOOP	97	9					N AMOUNT PAID BY PERSON/FAMILY
AMTOTH	106	9					N AMOUNT PAID BY OTHER SOURCES
ANCITOT	115	9					N ANCILLARY TOTAL PAYMENT
ANCICARE	124	9					N ANCILLARY AMT PAID BY MEDICARE
ANCICAID	133	9					N ANCILLARY AMT PAID BY MEDICAID
ANCIVA	142	9					N ANCILLARY AMT PAID BY VETERANS ADM
ANCIPRVU	151	9					N ANCILLARY AMT PAID BY PRIV INS
ANCIOOP	160	9					N ANCILLARY AMT PAID BY PERSON/FAMILY
ANCIOTH	169	9					N ANCILLARY AMT PAID BY OTHER SOURCES
TOTCARE	178	9					N AMT PAID BY MEDICARE FOR ALL SERVICES
TOTALL	187	9					N AMT ALL TOTAL (INC. MCARE SERVICES)
DENTNUM	196	3					N NUMBER OF DENTAL VISITS
EMNUM	199	3					N NUMBER OF EMERGENCY ROOM VISITS
OPNUM	202	3					N NUMBER OF CLINIC/OUTPATIENT VISITS

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MDNUM	205	3					N NUMBER OF MEDICAL DOCTOR VISITS
MHNUMVIS	208	3					N NUMBER OF MENTAL HEALTH PROFESS. VISITS
MHNUMVIS	208	3					N NUMBER OF MENTAL HEALTH PROFESS. VISITS
DIETFLG	211	2	MOSTFMT				N TYPE OF HP: DIETICIAN
				335			1 YES
				995			2 NO
OPTHLFLG	213	2	MOSTFMT				N TYPE OF MD: OPHTHALMOLOGIST
				120			1 YES
				1,210			2 NO
OPTOMFLG	215	2	MOSTFMT				N TYPE OF HP: OPTOMETRIST
				100			1 YES
				1,230			2 NO
PODIAFLG	217	2	MOSTFMT				N TYPE OF HP: PODIATRIST
				749			1 YES
				581			2 NO
EDHABFLG	219	2	MOSTFMT				N RECEIVED EDUC./HABILITATIONAL SERVICES
				4			-8 DON'T KNOW
				282			1 YES
				1,044			2 NO
HABFLG	221	2	MOSTFMT				N RECEIVED HABILITATIONAL SERVICES
				4			-8 DON'T KNOW
				262			1 YES
				1,064			2 NO
EDUCFLG	223	2	MOSTFMT				N RECEIVED EDUCATIONAL SERVICES
				5			-8 DON'T KNOW
				157			1 YES
				1,168			2 NO
AMBUSERV	225	2	MOSTFMT				N USED AMBULANCE SERVICE
				443			1 YES
				887			2 NO
BEDPADS	227	2	MOSTFMT				N RECEIVED BEDPADS
				774			1 YES
				556			2 NO
CATHETER	229	2	MOSTFMT				N RECEIVED CATHETER/CATHETER SUPPLIES
				192			1 YES
				1,138			2 NO

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CATHIRRI	231	2	MOSTFMT				N CATHETERIZATION AND IRRIGATION
				185			1 YES
				1,145			2 NO
CHNGBAND	233	2	MOSTFMT				N APPLY/CHANGE DRESSINGS
				545			1 YES
				785			2 NO
CLOTHDPR	235	2	MOSTFMT				N RECEIVED CLOTH DIAPERS
				167			1 YES
				1,163			2 NO
COMMODE	237	2	MOSTFMT				N RECEIVED BEDSIDE COMMODE
				116			1 YES
				1,214			2 NO
DIABSUPP	239	2	MOSTFMT				N USED DIABETIC SUPPLIES
				201			1 YES
				1,129			2 NO
DIAPRSUP	241	2	MOSTFMT				N USED DISPOSABLE DIAPERS
				787			1 YES
				543			2 NO
EQUIPSUP	243	2	MOSTFMT				N USED EQUIPMENT OR SUPPLIES
				11			1 YES
				1,319			2 NO
EYEGGLASS	245	2	MOSTFMT				N USED EYEGLASSES
				145			1 YES
				1,185			2 NO
FEEDSERV	247	2	MOSTFMT				N FEEDING SERVICES
				419			1 YES
				911			2 NO
FEEDSUPP	249	2	MOSTFMT				N RECEIVED FEEDING SUPPLIES
				106			1 YES
				1,224			2 NO
GERCHAIR	251	2	MOSTFMT				N RECEIVED GERI CHAIR
				126			1 YES
				1,204			2 NO
GTUBESUP	253	2	MOSTFMT				N RECEIVED GTUBE AND SUPPLIES
				88			1 YES
				1,242			2 NO

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GTUBEUSE	255	2	MOSTFMT				N GTUBE USE AND CARE
				93			1 YES
				1,237			2 NO
HEARAID	257	2	MOSTFMT				N USED HEARING AID
				50			1 YES
				1,280			2 NO
HOSPBED	259	2	MOSTFMT				N RECEIVED HOSPITAL BED
				318			1 YES
				1,012			2 NO
HOTPACKS	261	2	MOSTFMT				N APPLYING/MONITORING HOTPACKS
				76			1 YES
				1,254			2 NO
INCNCARE	263	2	MOSTFMT				N INCONTINENCE CARE
				840			1 YES
				490			2 NO
INJECTION	265	2	MOSTFMT				N RECEIVED INJECTIONS
				442			1 YES
				888			2 NO
IVSUPP	267	2	MOSTFMT				N RECEIVED IV SUPPLIES
				70			1 YES
				1,260			2 NO
IVUSE	269	2	MOSTFMT				N IV USE AND CARE
				84			1 YES
				1,246			2 NO
MATTRESS	271	2	MOSTFMT				N RECEIVED SPECIAL MATTRESS
				459			1 YES
				871			2 NO
NEBULIZR	273	2	MOSTFMT				N Received nebulizer
				112			1 YES
				1,218			2 NO
ORTHITEM	275	2	MOSTFMT				N USED ORTHOPEDIC ITEMS
				167			1 YES
				1,163			2 NO
OSTOMSUP	277	2	MOSTFMT				N USED OSTOMY SUPPLIES
				53			1 YES
				1,277			2 NO

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OXYGEN	279	2	MOSTFMT				N USED OXYGEN
				270			1 YES
				1,060			2 NO
PACEMCHK	281	2	MOSTFMT				N Pacemaker check
				41			1 YES
				1,289			2 NO
PROSTHES	283	2	MOSTFMT				N USED PROSTHESIS
				11			1 YES
				1,319			2 NO
RESTRAIN	285	2	MOSTFMT				N RECEIVED RESTRAINTS
				267			1 YES
				1,063			2 NO
SKINSERV	287	2	MOSTFMT				N Skin treatments
				749			1 YES
				581			2 NO
SUCTSERV	289	2	MOSTFMT				N Suctioning
				71			1 YES
				1,259			2 NO
SUCTSUPP	291	2	MOSTFMT				N Received suction machine and supplies
				61			1 YES
				1,269			2 NO
TEDHOSE	293	2	MOSTFMT				N Received ted hose and supplies
				146			1 YES
				1,184			2 NO
TUBEFEED	295	2	MOSTFMT				N RECEIVED TUBE FEEDING
				103			1 YES
				1,227			2 NO
TUBEFEED	297	2	MOSTFMT				N RECEIVED TUBE FEEDING
				103			1 YES
				1,227			2 NO
TURNPOS	299	2	MOSTFMT				N RECEIVED TURNING AND POSITIONING
				693			1 YES
				637			2 NO
WHEEWALK	301	2	MOSTFMT				N RECEIVED WHEELCHAIR/WALKER
				501			1 YES
				829			2 NO